

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	09/363,073
		<b>Filing Date</b>	July 28, 1999
		<b>First Named Inventor</b>	Morgan J. Akhaven
		<b>Group Art Unit</b>	2611
		<b>Examiner Name</b>	Srivastava, V.
<b>Total Number of Pages in this Submission</b>	13	<b>Attorney Docket Number</b>	KLR/KAR:7146.0030 <b>Technology Center 2600</b>

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part(s)/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition To Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Postcard Receipt
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Kurt A. Rohlfs Chernoff, Vilhauer, McClung & Stenzel, LLP 601 SW Second Avenue Portland, Oregon 97204-3157
Signature	
Date	April 2, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450 on this date.			
Type or print name	Kurt A. Rohlfs		
Signature		Date	April 2, 2004



# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Complete If Known

Application Number 09/363,073  
Filing Date July 28, 1999  
First Named Inventor Morgan J. Akhaven  
Examiner Name Srivastava, V.  
Art Unit 2611  
Attorney Docket No. KLR/KAR:7146.0030

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Technology Center 2600

☐ Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT \$950

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None

☐ Deposit Account

Deposit Account Number 03-1550

Deposit Account Name Chernoff Vilhauer McClung & Stenzel

The Commissioner is authorized to:(check all that apply)

☐ Charge fees indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge any fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Code (\$)	Code		
1001 770	2001	Utility filing fee	
1002 340	2002	Design filing fee	
1003 530	2003	Plant filing fee	
1004 770	2004	Reissue filing fee	
1005 160	2005	Provisional filing fee	
SUBTOTAL (1)			

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20 =	x 18/9 =	0
Indep. Claims	-3** =	x 86/43 =	0
Multiple Dependent			0

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code		
1202 18	2202	Claims in excess of 20	
1201 86	2201	Independent claims in excess of 3	
1203 290	2203	Multiple dependent claim, if not paid	
1204 86	2204	**Reissue independent claims over original patent	
1205 18	2205	*Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			

\*\*or number of previously paid, if greater. For reissues, see above.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051 130		2051	65	Surcharge - late filing fee or oath	
1052 50		2052	25	Surcharge-late provisional filing fee or cover sheet	
1053 130		1053	130	Non-English specification	
1812 2,520		1812	2,520	For filing a request for ex-parte reexamination	
1804 920*		1804	920*	Requesting publication of SIR prior to Examiner action	
1805 1840*		1805	1840*	Requesting publication of SIR after Examiner action	
1251 110		2251	55	Extension for reply within first month	
1252 420		2252	210	Extension for reply within second month	
1253 950		2253	475	Extension for reply within third month	950
1254 1,480		2254	740	Extension for reply within fourth month	
1255 2,010		2255	1,005	Extension for reply within fifth month	
1401 330		2401	165	Notice of Appeal	
1402 330		2402	165	Filing a brief in support of an appeal	
1403 290		2403	145	Request for oral hearing	
1451 1,510		1451	1,510	Petition to institute a public use proceeding	
1452 110		2452	55	Petition to revive - unavoidable	
1453 1,330		2453	665	Petition to revive - unintentional	
1501 1,330		2501	665	Utility issue fee (or reissue)	
1502 480		2502	240	Design issue fee	
1503 640		2503	320	Plant issue fee	
1460 130		1460	130	Petitions to the Commissioner	
1807 50		1807	50	Processing fee under 37 CFR 1.17(q)	
1806 180		1806	180	Submission of Information Disclosure Stmt.	
8021 40		8021	40	Recording each patent assignment per property (times number of properties)	
1809 770		2809	385	Filing a submission after final rejection (37 C.F.R. 1.129(a))	
1810 770		2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770		2801	385	Request for Continued Examination (RCE)	
1802 900		1802	900	Request for expedited examination of a design application	

Other fee (specify)


\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$950

## SUBMITTED BY

Complete (if applicable)

Name (print type) Kurt A. Rohlfis Registration No. 54,405 Telephone (503) 227-5631  
Signature  Date April 2, 2004